CEHAT, Centre for Enquiry into Health and Allied Themes is the research centre of Anusandhan Trust engaged in research, training, service and advocacy on issues related to health and human rights. CEHAT believes in socially relevant and rigorous academic health research and health action for the well being of the disadvantaged masses, for strengthening people's health movements and for realising right to health care. CEHAT acts as an interface between progressive people's movements and academia.

CEHAT's strategy is to undertake projects on various socio-political aspects of health, establish direct services and programmes to demonstrate how health services can be made accessible, equitably and ethically, disseminate information through databases and relevant publications, supported by a well stocked and specialized library and a documentation unit. The facilities are open to researchers, students, activists, journalists, public health workers and others.

One of our guiding principles is that we firmly believe that society is not an object of experimentation and data collection is not merely for intellectual gratification. All our efforts in CEHAT are to create space for the participation of people without compromising on academic rigour. Our ethical guidelines for research are structured around informed consent, confidentiality and relaying information back to relevant segments of society. A Social Accountability Group, comprising individuals other than the CEHAT team and Anusandhan Trust members, periodically evaluates our functioning as an institution. We are a multi disciplinary team with training and experience in Medicine, Life Sciences, Economics, Social Sciences, Social Work, Journalism, Library & Information Science and Law. We have a democratic and participatory mode of decision-making.

CONTENTS

REFLECTIONS

CEHAT has been engaged in a range of issues and this year too, it has made an impact at the state, national and international levels. CEHAT's work has been around four broad themes- Health Services and Financing, Health legislations and Patient's Rights, Women and Health and Investigation of Psychosocial Trauma. Over the years, the institute has planned and consolidated its work around these themes. CEHAT's efforts and interventions on these four themes were achieved through research, training and advocacy.

In the area of **health services and financing**, our efforts were directed towards reviewing constitutional provisions justifying right to health care, international covenants and compilation of healthcare case laws in India for establishing healthcare as a human right. Research on the state's shortcomings in safeguarding the right to basic healthcare was conducted through generating working papers on the health status and health care access for vulnerable groups such as women, aged, sexual minorities and the disabled. CEHAT has taken forward its work on health budgets by demystifying budgets through education and training. A critique of the national progress report submitted by the Government of India under Article 12 of the International Covenant for Economic, Social and Cultural Rights was prepared. It was submitted to the Pre-Sessional Working Group that is responsible for preparing questions for various governments based on the progress reports submitted by them. As part of a national multi-centric study that seeks to prepare a Public Health Report for India, CEHAT is coordinating the study for Maharashtra. This year was also devoted to advocacy towards formulation of a mental health policy where CEHAT joined its efforts with several other organisations.

The focus on **health legislations and patients' rights** was on developing and advocating for minimum standards of care for the private health sector in order to foster reforms in the largely unregulated private health sector. There have also been efforts towards examining existing health legislation such as the legislation banning sex selection through the analysis of cases registered under the PCPNDT Act. The work on patients' rights too has been taken ahead

through participation in movements such as the people's health assembly and discussion on patients' rights with private health providers and health activists. At the state level, the government has tried to set in the mechanism for implementing the recently passed legislation protecting women against domestic violence, and CEHAT has supplemented the governmental effort. We actively contributed towards developing guidelines for the role of healthcare providers within the law.

As regards **women and health**, CEHAT advocated that women's health issues be addressed from a feminist and human rights perspective through networks and health movements. Research was focused towards understanding the impact of violence on women's health. CEHAT undertook training of the medical fraternity on the issue of sex selection and of *anganwaadi* workers on various topics related to women's rights to healthcare. For advancing women's right to safe abortion care, the institute is working at the state and national levels for improving the implementation of the MTP Act through a consortium on safe abortion along with six other organisations.

The theme on **psychosocial trauma** concentrates on issues related to human rights and violence. Human rights violations are inherently linked to larger issues of discrimination and social justice which have health consequences where the healthcare system and health care professionals have a critical role to play in preventing violence as well as caring for survivors. This year saw the consolidation of CEHAT's work towards building a public health response to women facing domestic violence by initiating crisis counselling services within the public health system as well as by sensitising healthcare providers to the health consequences of domestic violence and their role in such situations. Research under this theme focused on understanding the quality of care for survivors of sexual assault as well as understanding medico-legal procedures practised within the hospital system in the city. Violence faced by women health workers has also emerged as an issue of concern and a research study to enquire into it is underway. CEHAT has also spearheaded an effort towards documenting feminist practices in responding to domestic violence in consultation with organisations engaged in feminist counselling. As the Asia Regional

Focal Point of the International Federation of Health and Human Rights Organisations, CEHAT has been networking with organisations in the South Asian region to involve health professionals in monitoring the right to health.

This year also saw the culmination of a large research and advocacy project on establishing health as a human right and considerable time was spent in defining future areas of work and developing new projects. As part of the long term vision, it was decided that in the next three years, CEHAT would focus on health policy research that enquires into the introduction of user charges and public private partnerships in the health sector, research on migrants' health, urban health issues; and it would also initiate budget training and advocacy in another state and replicate *Dilaasa*, thus garnering funds for activities across all the themes. The coming year, therefore, is going to be challenging.

At the organisational level, there was a change in leadership from January 2006. For the first time a staff member from CEHAT has been appointed to head the institute with this change, the staff found it easier to discuss and debate relevance and role of various structures in CEHAT, rules and regulations, norms and processes amongst other issues. The Programmes Development Committee appointed by the Trust in 2005, which comprises of external experts and senior staff of CEHAT became functional. This has enhanced the quality of CEHAT's work especially publications. The Working Group which is the decision making body has critically reviewed its role and has decided to focus on monitoring projects and financial reviews, which has remained the responsibility of the Coordinator for several years now.

I would like to acknowledge the efforts put in by the staff in compiling this report.

Padma Deosthali
Coordinator

RESEARCH AND DOCUMENTATION

CEHAT's work towards realising the right to health care was taken ahead through research on the health status of vulnerable groups and the existing inequalities in access of these groups to healthcare facilities. Research efforts were directed towards

- Compiling case laws on health and studying them
- Assessing standards in private healthcare
- Expanding research on violence against women
- Analysing cases registered under the law banning sex selection for assessing its implementation.

1. Establishing Health as a Human Right

The overall aim of the project was to set in process within civil society and the public domain, a momentum towards establishing right to healthcare through various activities such as research and documentation, advocacy, lobbying, campaigns, awareness and education. Papers, reports and thematic articles documented the health systems performance, health and healthcare of vulnerable groups, health status of selected states in India and some primary studies that examined the access to healthcare and utilisation. Legal research and documentation involved preparing a document on the case laws. The project ended in March 2007.

(a) Research and Documentation on the Health and Healthcare of Vulnerable Groups

Vulnerable Groups are disadvantaged as compared to others mainly on account of their reduced access to medical services and the underlying determinants of health such as safe and potable drinking water, nutrition, housing and sanitation. Focus on vulnerable groups helps in human rights documentation. As a project outcome, CEHAT has published a series of insightful background papers on the health of women, aged, migrants, disabled, sexual minorities, people living with HIV/AIDS. It has also produced an advocacy document, titled, *Vulnerable Groups in India*.

Vulnerable Groups in India—An Advocacy Document

The document identifies the prominent factors on the basis of which individuals or members of groups are discriminated in India, i.e., structural factors, age, disability, mobility, stigma and discrimination that acts as barriers to health and healthcare. Sometimes the groups face multiple barriers based on their identity and location. The document identifies the instances of violation of right to health among the vulnerable groups. It also presents the mechanisms to lobby nationally and internationally for the *Right to Health* among all especially the vulnerable groups in India in the context of existing national and international provisions.

(b) A Study on the Unit Cost of Healthcare Services

Paper on *Financing Strategies for Universal Access to Healthcare*

A primary study on Unit Cost analysis was undertaken with the objective of assessing the cost involved in delivering some selected healthcare services ranging from primary to tertiary levels and determining the *Unit Costs* of these selected services at different levels of delivery. Data was collected from the health services located in Pune and Ahmednagar districts of Maharashtra. The study revealed certain shortcomings—poor financial management in terms of record-keeping and maintenance of accounts, both in the public and in the private facilities, and a refusal from the private sector to share information on the income and expenditure vis-à-vis utilisation of the services. The draft report of the study is ready. In addition to this a paper titled "*Financing Strategies for Universal Access to Healthcare"* was also prepared.

(c) A Report on the Implementation of the Right to Health

In 1979, the Government of India acceded to the International Covenant on Economic, Social and Cultural Rights (ICESCR). Article 12 of the ICESCR states that, "*The States Parties to the present Covenant recognize the right of everyone to the enjoyment of the highest attainable standard of physical and mental health."* Monitoring and state compliance with the universal norms of human rights related to health is an essential component of the Treaty of

Economic, Social and Cultural Rights. Sending periodic national reports to the Committee is an obligation for the countries which have ratified the Convention. When the project started, India, had sent only one report since the ratification stating how it would implement the human rights through policies and programmes. Reviewing the situation at that point, CEHAT had planned to prepare a shadow report on Article 12 (Right to Health) and submit it to the Committee. It was envisaged that this would generate pressure on the government to submit periodic reports. But while the report was being prepared by CEHAT, the Indian Government submitted its second combined national progress report to the Committee in October 2006. The report on Article 12 was found to be quite inadequate. The report uses aggregate data and in many cases information that was not updated to comment on the performances of the health programmes, access to health and healthcare and the health status of the Indian population. Since the national report was already submitted to the Committee, CEHAT developed a critique on the same and submitted it to the Pre-Sessional Working Group (PSWG) along with the report on the implementation of the Article 12, and the status of health and human rights in India.

(d) Report on the Health Status in Assam

CEHAT had prepared the *Health Status Report of Maharashtra* using data of the health indicators of Maharashtra from the database. A similar health status report was prepared on Assam in collaboration with the Omeo Kumar Das Institute, Guwahati. The collaboration to prepare such a report was mainly sought to overcome the limitation of the database on health that CEHAT has compiled. The database has been compiled from the various secondary sources of data, hence it does not provide disaggregated, that is, district-wise health data, of the respective States. CEHAT gave a framework to prepare the health status report of Assam while our collaborating partner prepared the report with available detailed health information on the state. The report, *Health and Healthcare in Assam: A Status Report* is a comprehensive and analytical compilation of healthcare development of Assam bringing together all available information and data on health and healthcare.

(e) Budget Guide

A budget guide has been prepared in Marathi. The main aim of the manual is to generate awareness about budgets. Budget analysis, decisions regarding priorities, budget allocation to different sectors and the mechanism for monitoring expenditures are some of the issues covered in the guide. It also throws light upon the process of budgeting at the central, union and state levels. This guide will serve as a ready resource for grassroots organisations/ health activists who wish to use the budget as an effective advocacy tool.

(f) **Case Laws in India**

One of the dimensions of the right to healthcare is the response of the judicial and legal system to health and health rights. CEHAT and ICHRL collaborated to produce a Reader on "Healthcare Case Law In India", which provides an overview of health as a human right and discusses the possibilities of establishing such a right in India within the context of its legal framework as well as the international framework of health and human rights mandated through various covenants which India has ratified. The Reader has fifteen chapters presenting a critical review of the health and healthcare related case laws, which have directly or indirectly viewed health and/or healthcare as a right. These chapters cover case law pertaining to a wide range of health related issues where rights have been defended. The issues include Public Health, Emergency Healthcare, Essential Drugs, Environment, Reproductive Health, Mental Health and the issue of HIV AIDS wherein the focus has been discrimination at the workplace, including in recruitment, as well as in access to healthcare. The Reader also focuses on medical professionals, and has highlighted the issue of Medical Practice relating to qualifications, cross practice etc. and the other on medical negligence where patients have suffered at the hands of the doctors due to negligence and malpractice, including cases from Consumer Courts. A full chapter has been devoted to the National Human Rights Commission as a judicial mechanism towards right to healthcare. The Reader is an important review of what exists in practice, what has happened on the health laws front and where we can move ahead in our endeavour to advocate for the right to health from the legal perspective.

CEHAT's Successful Compilation of Case Laws which addresses Public Issues on Right to Healthcare
(Times of India, 28-9-2007)

Team Members: Kamayani Bali Mahabal, Chandrima Chatterjee, Prashant Raymus,
Gunjan Mehta Sheoran, Rashmi Divekar and Sushma Gamre
Consultant: Ravi Duggal
Funded by: Oxfam-Novib, The Netherlands and Rangoonwala Foundation, India

2. Public Report on Health

Public Report on Health is a research and advocacy project based at the Council for Social Development, New Delhi. This field based

research work is being conducted in select districts in six states-Himachal Pradesh, Madhya Pradesh, Maharashtra, Orissa, Tamil Nadu and Uttar Pradesh. CEHAT coordinates the study in Maharashtra.

The overall objective of the Public Report on Health is to present a perspective on People's Right to Health within a holistic framework. It is doing so by looking at people's perceptions of health as a means of well-being. The report will identify 'how' health, thus defined (through community perceptions, health services provider perceptions, epidemiological rationality), can be achieved and 'what' needs to be done to move towards it in the present context at a macro level through public policy.

The first phase of the study comprised of situational analysis which was conducted in Jalna and Pune Districts of Maharashtra. The situational analysis was conducted in two villages each in these districts. An intensive village study is being conducted in one village in Jalna district for a period of one year. The research in this phase aims to study the entire population of the village, differentiated by socioeconomic categories, create a health profile of the village including causes of mortality, morbidity patterns and document the current health seeking behaviour, illness management and perceptions of ill-health and perceptions of quality of health services. The methods used are both quantitative and qualitative which will feed into each other, and the cross cutting themes of analysis are those of social stratification and historical overview.

Team Members: Leni Chaudhuri, Amit Khandewale, Shachi Phadke, Prashant Raymus
Funded by: Council for Social Development, India

3. An Analysis of Cases Registered under the Pre-Conception and Post-Natal Diagnostic Techniques (Regulation and Prevention of Misuse) (PCPNDT) Act

This research project involved analyzing individual cases and their legal outcome. As part of this study all the cases which have been registered under the PCPNDT Act in the State of Maharashtra are being documented. The information is being supplemented with primary data collection as well. The main objective of the study is to identify procedural issues which affect the legal outcome of the cases. Based on the analysis, recommendations would be made in order to take measures for the effective implementation of the PCPNDT Act.

Team members: Leni Chaudhuri and Sarika Badekar
Funded by: National Commission for Women, India

4. Fostering Reforms in Private Healthcare

This study aims to assess the structure and process standards, as it exists in the private nursing homes in 10 districts of Maharashtra. The selected districts are Thane, Ratnagiri,

Pune, Satara, Osmanabad, Aurangabad, Amravati, Gadchiroli, Nasik and Nandurbar. The study will also be conducted in Mumbai. The focus of the study is small nursing homes, with not more than 30 bed strength. It focuses on the structure and process standards of the facilities, qualifications and training of human resources, minimum essential infrastructure and facilities, process of keeping medical records, availability of grievance redressal system and awareness among the providers about the minimum standards legislation besides documenting the problems encountered by them.

Team Members: Amita Pitre, Santhi Nakeeran, Varsha Zende, Suchitra Desai, Ravi Pillai
Funded by: International Develeopment Research Centre, Canada

5. A Study to Develop a Model of Optimum Quality Care for Survivors of Sexual Violence

The broad objective of the study is to conduct a situational analysis of the quality of care for survivors of sexual violence thus highlighting the procedures and problems in the process of examination and evidence collection in cases of sexual assault. The study is being carried out in Mumbai and Thane districts of Maharashtra.

Team Members: Amita Pitre, Joyce Patton and Meenu Pandey
Funded by: Fund for Global Human Rights, USA

6. Joint Proposal Development for Research on Sexual Violence

CEHAT, Majlis and the Centre for Women's Studies, Tata Institute of Social Sciences (TISS) from India and Aahung from Pakistan collaborated to develop a proposal on further research areas on the issue of sexual violence. While Aahung and CEHAT have proposed to look at 'Concerns of Health Care and Evidence Documentation at the Medical Facility', Majlis will be looking at the 'Medico-Legal Concerns as Reflected in Court Procedures in Cases of Sexual Assault' and the Centre for Women's Studies, TISS will deal with the 'Theoretical and Phenomenological Concerns of Sexual Violence'. Currently, the joint proposal has been submitted to the WHO.

Team Members: Amita Pitre, Joyce Patton, Meenu Pandey, Aurina Chatterji
Funded by: World Health Organisation, Geneva

7. *Pehel*- Research and Training Initiative on Violence against Women

(a) Understanding Violence faced by Female Hospital Staff: A Study to Develop a Comprehensive Response at the Hospital Level

Objectives

- To understand the nature of abuse faced by women workers within their personal lives as well as in the hospital
- To understand the mechanisms through which women workers address the abuse perpetrated against them.

It has been a challenge to respond to women workers at the hospital, especially nurses, who have shared experiences of harassment at the workplace including sexual harassment. *Dilaasa* is an intervention programme within a public hospital that hoped to create space for female staff of the hospital to seek support for the violence inflicted on them. Unfortunately, concern over confidentiality has forced nurses and women doctors to seek counselling services for domestic abuse from the CEHAT in-charge/trainer directly rather than actually going to *Dilaasa*, crisis intervention department.

This has raised several dilemmas with respect to the increasing role of nurses in caring for survivors of domestic violence. One of these dilemmas has been the inability to respond to their specific needs, especially in the absence of any mechanism to do so. Hence, there is the felt need for developing a mechanism to respond to them. Currently, the proposal is undergoing peer and ethical review.

(b) Role of Nurses as Counsellors: An Assessment

Since 2000, CEHAT has worked consistently to expand the role of nurses to include counselling for survivors of domestic violence. In 2005, nurses were officially deputed to the *Dilaasa* crisis intervention department as counsellors. However, after receiving intensive training in crisis counselling, some of the deputed staff withdrew, while some came intermittently.

Training any staff to develop their perspective on women-centred counselling is a intensive three-month long process. This involves asking the trainee to observe counselling sessions, highlight issues on a case to case basis, practise skills as well as get into the role of counselling in the presence of a trained counsellor. Each time a staff member withdraws, another has to be trained. Considerable resources and energy is spent in induction. The other concern is that of maintaining confidentiality of the histories women share during counselling, since most trainees are privy to this information during the course of their training/induction through observation

in counselling sessions, case conferences etc. Often a trainee leaving mid way or immediately after the training causes a certain amount of uneasiness.

Therefore, the need arose to examine this arrangement of deputing nurses for counselling itself. Unless it is known, where the problem lies-selection of staff, relief from other hospital duties, departmental pressure or staff shortage it will not be possible to sort out the problem. In the context of replication of the crisis centre at the national level, it is critical to understand the problems in deputation of hospital staff in this manner for counselling. The assessment proposed will be carried out by a CEHAT team not directly working in *Dilaasa.*

(c) Documentation of Feminist Practices in Counselling for Domestic Violence

A proposal regarding the rationale for documenting varied feminist practices in counselling was sent to over 30 organisations in India. The organisations were selected based on the fact that they are engaged in providing counselling to women facing domestic violence with a feminist perspective. The proposal highlighted the need to move beyond oral histories to a more concrete documentation based on the evolving counselling paradigms since the women's movement to current practices in feminist counselling.

Moving Beyond Oral Histories to Concrete Documentation

Twenty organisations from all over the country participated in the first national consultation. There was an overwhelming response to the proposed documentation. The participating organisations shared their intervention strategies as well as counselling principles and values. At the end of the day, a broad structure of the book was developed. A core group which would liaison with various organizations was also formed.

(d) Developing Guidelines for Counselling Women Facing Domestic Violence

The women's movement was responsible for developing a feminist perspective in counselling. Till then, counselling was a discipline that would either medicalise or psychologise any form of violence against women. This discipline identified the intra-psychic features

of a woman and tried to correct those so that she is able to cope better with life situations. The feminist perspective brought focus to women's oppression by the social structures central to women's experiences and problems and therefore highlighted the need to address the same through counselling.

With the possibilities of replicating crisis centres and also with various players coming into the picture, a need was felt to develop a set of guidelines for counselling in domestic violence. These guidelines would be finalised in consultation with various feminist counsellors once a draft has been prepared. At present, the first draft of the counselling guidelines has undergone review and is currently being reworked on.

(e) Understanding Medico Legal Procedures related to Violence

A public hospital can offer critical medico legal evidence to a patient. This study was undertaken in order to understand the medico legal procedures followed in hospitals. The objective of the documentation is two fold:

- To study the similarities or differences in the medico legal procedures across the peripheral/ government and private hospitals
- To assess whether there is protocol for medico legal procedures in cases related to violence.

A representative sample from government, private and municipal hospitals in Mumbai has been chosen and the method of guided group discussion with healthcare providers is being used.

(f) Study of Case Records at Dilaasa, a Public Hospital based Crisis Intervention Department

Like any organisation/group/ centre providing counselling services to survivors of domestic violence, *Dilaasa* too has a volume of information that each woman has shared with complete trust and promise of confidentiality. This is in the form of case records, where information has been documented in an intake sheet by counsellors. Domestic violence is a complex issue and conducting research on the subject is not easy as it has several ethical and methodological problems. This is because the issue is so volatile, there are safety and confidentiality concerns for respondents as well as social stigma and fear amongst survivors. While we at CEHAT do respect the trust with which women have shared their personal pain, we feel that it is our responsibility to analyse this information in order to bring about change at the societal level.

The pattern of abuse shared by women, its impact on their lives, their acts of resistance at an individual level are areas that need to be studied in order to develop better intervention strategies as well as effect necessary changes at various levels. This can definitely enhance

the impact of future intervention as well as help women make better choices in future. In the context of the new Protection of Women from Domestic Violence (PWDV) Act, this analysis would offer critical recommendations for its implementation. This evidence would be critical in developing guidelines for interventions from various public systems especially, the health system

Objectives of the study

- To understand the profile of women accessing the counselling services
- To study the pattern of abuse, its impact; the nature of interventions suggested and the extent to which women's expectations are met.

A pilot study of 50 intake forms was done. Data was analysed. This pre-testing proved to be useful to modulate some aspects of the study. Currently, counsellors are in the process of transferring information from the intake forms to the questionnaires. Once the data is filled into the questionnaire, it would be entered into the SPSS package and various key factors would be analysed. On the basis of the analysis, several papers related to the findings would be developed.

The only Public Hospital based Crisis Intervention Service in India
Dilaasa

(g) Study on the Mental Health consequences of Domestic Violence on Survivor

This study was not part of our plan but since mental health problems and domestic violence are interconnected and after realising the fact that about 25% of women who come to *Dilaasa* for counselling are suffering from some mental health problem, we planned to take up a research study. These women can be broadly put under two categories:

1. Those who come in contact with Dilaasa after an attempt of suicide
2. Those with a known or suspected mental health disorder.

We selected only those case records where the respondent was reporting some apparent mental health problem. So for the purpose, a sample of only 65 intake sheets have been selected among those

who were registered at Dilaasa in the year 2005 and analysed. These study findings are available in a draft form. This would form the basis for developing a comprehensive response to women attempting suicide.

(h) A Study of Women's Experiences within the Public Health System

An extensive review of literature on gender and health was carried out and a draft research proposal to study women's experiences of maternal health services in Mumbai was developed. The study aims to capture experiences of women at different levels of the healthcare system from different communities.

Team Members: Padma Deosthali, Sangeeta Rege, Qudsiya Contractor, Pramila Naik, Mahashweta Satpati, Leena Gangolli, Sonal Chaudhari and Lynn Sardinha
Consultant: Aruna Burte
Funded by: Ford Foundation, India

EDUCATION AND TRAINING

Education and training this year has largely focused on women's health and human rights issues. Efforts were directed towards training healthcare professionals towards issues of domestic violence, sex selection and anaemia. Training catered to groups at all levels — international, national, regional as well as community. Resources for education were also developed for counsellors working with women facing domestic violence.

1. *Dilaasa* - Intervention with the Public Hospital

Training at *Dilaasa* is aimed at improving the response of hospital staff to women facing domestic violence. Training activities have expanded to five hospitals across the city namely – Bhabha Hospital (Bandra), Bhabha Hospital (Kurla), M. T. Agarwal Hospital (Mulund), Cooper Hospital (Juhu) and Rajawadi Hospital (Ghatkopar). These trainings are conducted by trained hospital staff with support from CEHAT staff. There are two modules that have been developed- first is an orientation module that aims to develop an understanding of domestic violence as a healthcare issue and role of healthcare providers in responding to patients. The second module referred to as follow-up module aims at building skills in screening women for domestic violence and also provides an understanding about cycle of violence and specific needs of women living in violent homes.

What is PWDV ACT all about?
MT Agarwal Hospital
The core team members expressed a keen interest in understanding the counselling component at *Dilaasa* and also in the new law on domestic violence - Protection of Women from Domestic Violence (PWDV) Act. CEHAT team provided inputs as well as relevant reading material. The CDO who has undergone intensive training in counselling was encouraged to provide support to women facing domestic violence as there is no crisis intervention department.

Cooper Hospital
The core group at Cooper Hospital added their own touch to the orientation training methodology by introducing a skit they had put together on domestic violence which they plan to perform with the help of the nursing school students from the hospital at the OPD. Thus introducing a new method in training and also involving the nursing school students. They also intend to use the *Dilaasa* posters for awareness and education.

A Summary of the Training and Education Activities undertaken in 2006— 2007

Intervention	Hospitals	Number of Modules/Sessions	Target Audience	Highlights
Ongoing training	Bandra Bhabha, Hospital	4 sessions	50 hospital staff	Orientation to new staff
	M.T.Agarwal Hospital	6 sessions	153 hospital staff	Orientation to staff
	Bhabha Hospital, Kurla	3 sessions	40 hospital staff	Orientation module
	Cooper Hospital	1 session	14 hospital staff	Orientation to staff
Training of Trainers with the Centre for Studies in Ethics and Rights (CSER)	YMCA , Mumbai Central	Two days	37 training cell members	Training on clinical ethics

(a) Training of Trainers—Introducing Clinical Ethics

Healthcare providers at public hospitals constantly find themselves in situations where they have to break the news of death or the deterioration of a patient to relatives, record dying declarations; negotiate with relatives for a post mortem etc. Such situations demand not just effective, sensitive and humane communication, but also ethical decision making and action. Very often, inadequate and insensitive communication results in conflict with relatives of the patient and the public at large. In the recent past, this has been the cause of incidences of assault on healthcare providers in the city.

It is within this context that **a two-day training on clinical ethics** was conducted in collaboration with the Centre for Studies in Ethics and Rights (CSER) for the 37 training cell members. For the opening session, the Medical Superintendents of the 16 peripheral hospitals and the Deans of the teaching hospitals were invited. The training cell was formally inaugurated by the Chairperson of the Public Health Committee Mr. Mangal Mange who emphasised the need for such ongoing training to be undertaken for hospitals staff for improving quality of care.

Objectives

- To offer an approach that facilitates thinking about the complex problems that clinicians actually face
- To develop a consensus about typical ethical problems that occur in the practice of medicine.

Six one-and-a-half-hour interactive sessions using role play, case studies, line art drawing and record analysis were conducted by resource persons. The topics covered included: provider-patient relationship, privacy and confidentiality, informed consent in patient care, coping with 'difficult patients and situations', end-of-life care and medical futility, resource allocation and rationing of care.

CEHAT team has identified certain areas that require further discussion, such as medico-legal documentation and medical termination of pregnancy. The proceedings of the training are being documented and will be released.

(b) Activities undertaken by the Training Cell Members

The Brihanmumbai Municipal Corporation (BMC) has initiated a 'training cell' consisting of members across five public hospitals in the city that are meant to identify issues that concern the respective hospital staff and engage in conducting such training session themselves. At present, the training cell has 37 members (or trainers) from the five hospitals namely- Bhabha hospital (Bandra), Bhabha hospital (Kurla), M.T. Agarwal hospital (Mulund), Cooper hospital (Juhu) and Rajawadi hospital (Ghatkopar). The members of the training cell comprise of 12 doctors, 8 CDOs, 2 matrons, 5 sister in-charges, 6 sister nurses, 1 sister tutor, and 3 administrative/labour staff.

The training cell members from Bhabha hospital (Bandra) and M.T. Agarwal hospital (Mulund) developed a module on communication skills. Trainers from Bhabha hospital (Kurla) and Rajawadi hospital (Ghatkopar) made suggestions for making the hospital patient friendly. The group decided to propose these suggestions at the departmental level so that is it easier to implement. Changes that are required at the casualty and the gynaecology departments have been suggested. The team is in the process of acquiring the guidelines for minimum standards that the peripheral hospitals have to adhere to.

The team at Cooper Hospital took up the responsibility of understanding the rape and child sexual abuse protocol followed by public hospitals, whether the processes of handling such cases are uniform across hospitals and to understand the standards that are maintained. The protocol followed at the five hospitals— Bhabha hospitals at Bandra and Kurla, M.T. Agarwal

hospital at Mulund, Cooper hospital at Juhu and Rajawadi hospital at Ghatkopar were studied. The Cooper team has also decided to study a year's medico-legal records maintained at the casualty/emergency department of the 16 peripheral hospitals in the city so as to develop a better understanding of the number and nature of cases that are reported by the male and female patients.

Team Members: Pramila Naik, Tabassum Mulani, Sangeeta Rege and Rashmi Divekar
Funded by: Ford Foundation, India

(c) Training with Community based Volunteers on Domestic Violence

During our interaction with women at the *Dilaasa* crisis centre, they had expressed that such support initiatives also need to be made available at the community level. In order to be able to meet such a need, one community based organization (CBO), Navjeet Community Centre was identified. It is based in a slum in Bandra. In 2005-2006 a series of trainings were conducted in order to create a deeper understanding on the issue of domestic violence.

In the second phase of training, the community volunteers were to develop counselling skills in order to reach out to individual women. The challenge was about developing a methodology that the participants are comfortable with as well as highlighting the importance of one to one counselling. Case studies related to their daily lives were developed and participants were encouraged to get into the role of a counsellor. Most of the principles, values and techniques related to counselling were woven around the case studies itself. Issues discussed during the training were about, principles of feminist counselling, values, of a counsellor, techniques used in feminist counselling, skills in counselling and the like. All these issues were developed around the perspective of feminist ideology. At the end of this training programme, the coordinator of the community centre has decided to initiate a counselling centre wherein women can seek services outside of their community. Training in basic as well as feminist counselling has been completed. CBOs interested in training their volunteers as para-counsellors on the issue of gender based violence will be identified for further training.

Team members: Pramila Naik, Sangeeta Rege and Sushma Gholap
Funded by: Ford Foundation, India

(d) Training with Community Health Workers

A two-day training workshop on counselling was conducted for the counsellors of Jagruti Mahila Kendra, a community based organisation. The participants were a mixed group of men and women involved in counselling for domestic violence, HIV/AIDS and sexually transmitted diseases.

The training aimed at applying feminist techniques, principles and values to counselling. Essential components of the training were identifying the stage of violence in the cycle of violence, assessing the safety of the woman and ways of providing suicide prevention counselling.

Team members: Sangeeta Rege and Pramila Naik
Funded by: Ford Foundation, India

2. Educating A*anganwadi* workers on Women's Health

The Young Women's Christian Association (YWCA) Mumbai, invited CEHAT to impart training on issues of Women's Health to four hundred *anganwadi* workers in Mumbai. The anganwadi workers were divided into eight batches and weekly sessions were conducted. The workers appreciated the weekly training sessions and have made use of a small library set up for them.

Nineteen sessions of training took place in the last one year. Sessions on anaemia, 'Know your Body', menstrual cycle, conception, gestation, delivery and reproductive health in general were taken up previously. In the last one year, sessions were conducted on post-natal care of women's health, malnutrition among children and abortion as an issue of women's rights and health.

Women's health concerns, importance of a nutritious diet and continuation of basic medicines such as iron and calcium were emphasised in the sessions on post-natal care. The issue of malnutrition among slums in Mumbai was much discussed in the media during this period. *Anganwadi* supervisors strongly suggested a discussion on this issue. The sessions involved understanding nutrition and malnutrition, information on nutritious diet or *sakas ahar,* causes, effects and vicious circle of malnutrition, measures to be taken to prevent and treat malnutrition as well as the role of the *anganwadi* were also discussed. Important issues regarding the poor quality of food provided through *anganwadis* came up for discussion and it was felt that it was imperative to take it up independently with the government. A slide show on Women and Health and *Arogyasathi* manual brought out by SATHI, Pune, as well as growth charts were used as training material.

Team Members: Sushma Gamre, Rashmi Divekar and Amita Pitre
Funded by: Oxfam-Novib, The Netherlands and Rangoonwala Foundation, India

3. Sex Selection: Orientation of Medical Students on the Issue of Sex Selection

A training module for students on the issue of sex selection has been developed and a training session will be conducted in one medical college in Mumbai. The module aims to enhance awareness, skills and perspectives of medical students on the issue of sex selection. The module consists of sections on the role of medical professionals in addressing the issue of sex

selection and ethical concerns emerging from use of technology for sex selection purposes. It also orients medical professionals about the legal provisions (PCPNDT Act) pertaining to sex selection.

Team Members: Leni Chaudhuri and Sarika Badekar
Funded by: National Commission for Women, India

4. Course on Health and Human Rights

CEHAT organised the third batch of the 15-day intensive course on *Health and Human Rights*, last year. There were participants from different countries. The main objective of the course was to dwell upon the linkages between health and human rights. The course was offered in collaboration with the Tata Institute of Social Sciences (TISS). The topics covered in the course were public health theory and practice, health policies and programs, human rights violations, promoting and protecting health and human rights and monitoring health and human rights. Two field visits are included within the course. The participants were taken to a prison and a public hospital for practical experience.

Team Members: Kamayani Bali Mahabal and Rashmi Divekar
Funded by: Oxfam-Novib, The Netherlands and Rangoonwala Foundation, India

5. National Course on Violence against Women and the Role of Healthcare Providers

This national level course on violence against women is aimed at health care professionals in order to bridge the gap that exists in medical education on the issue of gender-based violence and the role of healthcare providers. This course offers inputs in theory and practice. The theoretical concepts include – the sociological underpinnings of gender, patriarchy, forms of violence against women, health consequences of violence, formation of identity and communal violence, understanding on ethics and decision making models. The course structure has been developed in collaboration with a core faculty. The methodology followed in the course was largely participatory which included role plays, debates, presentations by participants, analysis of case studies and so on. The next course is planned for January, 2008.

Faculty: Amar Jesani, Aruna Burte, Manisha Gupte, Renu Khanna and Seema Malik
Team Members:Padma Deosthali, Sonal Chaudhary, Pramila Naik
Funded by: Ford Foundation, India

ADVOCACY

Advocacy activities at CEHAT this year focused on legal reforms, better implementation of existing legal provisions and policies as well as furthering the larger campaign towards the right to healthcare. This included the formulation of rules to ensure minimum standards of care and regulation of private nursing homes as well as drafting the role of a healthcare facility within the new domestic violence legislation. CEHAT also contributed to health rights campaigns on issues of gender-based violence, mental health and women's health issues. Advocacy for the implementation of the PCPNDT Act was taken ahead this year by engaging with the medical fraternity. CEHAT initiated its activities as the Asia Regional Focal Point of the International Federation of Health and Human Rights Organisations

1. Formulating Rules for the Bombay Nursing Home Registration Act, (Amendment), 2005

The Bombay Nursing Home Registration Act, (Amendment), 2005 (BNHRA, 2005) is the only Act for registration and inspection of private nursing homes in the state of Maharashtra. It was first enacted in1949 and some amendments were made in December 2005. Rules under the Act were first drafted as late as in the 1970s and these were not comprehensive. Framing of comprehensive rules under the Act is essential for its implementation, ensuring minimum standards and some regulation for private nursing homes.

CEHAT accepted an assignment of the Government of Maharashtra to facilitate a multi-stake holder process to draft comprehensive rules under the Act. A working group of representatives from medical associations, consumer groups and health rights organisations was formed to deliberate on the rules document. The draft rules to the BNHRA, 2005 were drafted after several consultations with the working group, the rural Surgeon' Associations in Dhule and Consumer and Health groups.

Rules for Registration and Inspection of Private Nursing Homes Formulated Available on
http://mahaarogya.gov.in/actsrules/nursing/BombayNursingHome.pdf

The draft rules submitted to the government in June 2006 contain the following-

i. Minimum standards of physical infrastructure, equipment and staffing. Detailed standards were submitted only for 10 bedded hospitals.
ii. Standards regarding human resources, their qualifications and training
iii. Procedure to implement minimum standards as part of implementation of BNHR Act (amendment), 2005
iv. Patients' rights and specific expectations from the nursing homes in order to fulfil these.
v. A provision of committees to detail standards for other facilities and multiple specialities.

The Jan Swasthya Abhiyan has supported the rule making process and effective implementation of the BNHRA, 2005 has been taken up as a Maharashtra-wide demand. The government, however has not shown much interest in the early finalisation of the rules.

In October 2006, the Health Minister called for a meeting, in which the Directorate of Health Services presented their own draft of the rules document, which is posted on their website http://maha-arogya.gov.in/actsrules/nursing/BombayNursingHome.pdf. Though most of the suggestions seem to have been incorporated, some crucial differences can be noted -

- Old establishments are totally exempt from physical space standards of any kind and it is left to the local government to draft bye-laws for the same.
- District level Nursing Home Registration Board to work along with the Local Supervisory Body suggested to bring transparency to the process has not been taken
- Expert committees to make standards for various sizes and specialities of nursing homes were not accepted.

Though there are shortcomings in the government proposed draft, there is an urgent need to finalise the rules. The Act has already come into force in the entire State by a government notification in June 2005 itself, but the absence of finalised rules under the Act is hampering its implementation. As part of this assignment, a framework for accreditation of nursing homes was submitted to the Directorate of Health Services.

Team Members: Amita Pitre, Aparna Joshi, Pankaja Dhande and Varsha Zende
Consultant: Dr. Anant Phadke
Supported by: Government of Maharashtra, India

2. Drafting the Role of Health Care Providers in the Protection of Women from Domestic Violence Act (PWDVA)

After the dissemination of the rules and regulations, the *Dilaasa* team did a systematic study of the rules to gain more clarity on it. The team members regularly attended meetings and workshops called at Mumbai and at Pune about the PWDVA. The Stree Mukti Sampark Samiti (SMSS) at Pune organised workshops for effective implementation of the Act. CEHAT is part of the Samiti and the team members attended the meetings where they raised issues and made suggestions. On the initiative of the SMSS, the Deputy Commissioner, Women and Child Development Department called for a meeting. Here, CEHAT made a presentation on *Dilaasa* as a model to understand the role of healthcare providers in responding to women facing domestic violence. CEHAT was then entrusted with the responsibility of chalking out the role of the medical facility under the Act. The recommendations were drafted in consultation with experts working in the area of health and then submitted to the State along with Guideline for service providers, counsellors. Shelters, that were developed by other groups in Maharashtra.

Guidelines for Role of HCPs under the Domestic Violence Law Submitted to the State Department of Women and Child Development.

Team Members: Padma Deosthali, Rashmi Thakar, Sangeeta Rege
Funded by:Ford Foundation, India

3. Participation in the People's Health Assembly at the National Level

CEHAT, MASUM and AIDWA had organised a parallel session on violence against women in the 2nd National People's Heath Assembly at Bhopal from the 23rd to the 25th of March, 2007 on 'Defending People's Health in the Era of Globalisation'. Two nurses and one social worker from BMC hospitals and two *Dilaasa* trainers participated in this session. They used role play has a method to demonstrate domestic violence as a health issue and the role of healthcare providers in the context of the PWDV Act. Information regarding the PWDV Act was also presented before the audience after the skit.

Team Members: Pramila Naik, Tabassum Mulani, Sangeeta Rege
BMC Staff : Saraswati Khade, Mrudula Sawant, Shobha Gore
Funded by: Ford Foundation, India

4. National Consultation for advocating a National Mental Health Policy

Bapu Trust in collaboration with CEHAT, Basic Needs and Jan Swasthya Abhiyan called for a two-day national consultation for advocating a national mental health policy in December, 2006. India does not have a mental health policy. The national mental health programme initiated in 1982 has a strong hold over community health based values; however, what is conspicuous is that there is hardly any scope to seek accountability from mental health professionals. In fact, it is completely devoid of even initiating guidelines for seeking state accountability in the sector of mental health. The rationale for consultation was based on the fact that, unlike the health sector, law rather than policy has primarily regulated the mental health sector. Any clinical decision in the mental health sector automatically becomes a medico-legal decision.

The workshop was organised on the basic premise that norm building within the mental health community needed to substitute for law. The consultation was attended by 25 experts from various fields like health policy, human rights lawyers, academicians, mental health service providers, the carer group, women rights activists, government officials, child rights activists and disability rights activists. A report of the consultation has been prepared.

Team Members:Kamayani Bali Mahabal, Rashmi Thakkar and Sangeeta Rege
Funded by: Oxfam-Novib, The Netherlands and Rangoonwala Foundation, India

5. Participation in the People's Health Assembly at the State Level

CEHAT actively participated and coordinated four parallel sessions on women's health charter, urban health, mental health and regulation of private sector during the "Jan Arogya Abhiyan" (JSA Maharashtra). The State Health Assembly was held in February 2007 in Mumbai. Over 200 delegates working on health, from across Maharashtra attended the assembly. The objective of the assembly was to identify the key issues of concern regarding the public health care delivery system, and consolidate the demands regarding several health issues, in keeping with the right to healthcare. These demands were then presented before the State Health officials.

There were parallel sessions on nine different issues, which included - Determinants of Health – Food Security, Water, Housing, Displacement, and Pollution, Strengthening Primary and Secondary Health Care - (rural and urban) and improving Community Monitoring of Public Health, Women's Health Charter, Vulnerable groups, Mental Health, Regulation of Private Sector, Urban Health Care and Policy, Care of HIV positive persons and Children's health. The convenors of each session had identified key issues and formulated a set of demands under each theme. These were presented in the parallel sessions, and discussed. Key demands were culled out in each of the parallel sessions, consolidated and a summary set of demands was prepared on the first day of the Assembly. This was presented to the Director General of Health Services,

Dr. Prakash Doke, who had been invited to the Assembly on Day 2. He agreed to take action in his capacity as DGHS, with regard to some of the demands and promised to meet the groups working on child health rights and mental health rights separately for further discussions.

Team Members:Amita Pitre, Kamayani Bali Mahabal, Leni Chaudhuri and Varsha Zende

6. National Dialogue on Women, Health and Development

CEHAT was actively involved in movements and campaigns related to women's health rights. CEHAT was a part of the organizing committee for the National Dialogue on Women, Health and Development held in Mumbai during November 2006. Nearly 300 participants attended the dialogue from most of the states of India. They included activists, development workers, academics, journalists, artists, filmmakers, health care professionals and community health workers associated with various campaigns and movements that address and fight for women's health and well being from both feminist and human rights perspectives. CEHAT made presentations on various topics related to women and health and was also a part of the core group that prepared the draft of the Indian Women's Health Charter. The Indian Women's Health Charter was officially released at the National Health Assembly in Bhopal in March 2007.

Team Members: Kamayani Bali Mahabal and Amita Pitre

7. Advocacy for the Implementation of the PCNDT Act

CEHAT was invited to contribute to the various strategies for the implementation of the PCPNDT Act in various forums including The Federation of Obstetric and Gynaecological Societies on India(FOGSI) annual meeting. CEHAT had organised a national consultation to discuss strategies for the implementation of the PCPNDT Act. It was attended by women's groups, Appropriate Authorities, doctors and civil society organisations amongst others. Recommendations from this national consultation were also sent to the National Commission for women. CEHAT also conducted a workshop on the PCPNDT ACT along with the Indian Medical Association (IMA), Punjab, FOGSI Punjab and the Appropriate Authorities in Amritsar in June 2006. The workshop was attended by 15 Appropriate Authorities of Punjab from Amritsar, Gurdaspur, Jalandhar, Ludhiana, Hoshiarpur, Nawanshahar and Batala. Nearly 30 members of the *Nursing Home Association,* Punjab and 10 FOGSI members participated. Problems in filing complaints and also harassment by appropriate authorities in certain cases were discussed during the workshop.

Team Members: Kamayani Bali Mahabal and Rashmi Divekar
Funded by: Oxfam-Novib, The Netherlands and Rangoonwala Foundation, India

8. Public Interest Litigation on the issue of Organ Transplantation

CEHAT filed a Public Interest Litigation (PIL) in the Mumbai High Court in 2006 as a co-petitioner with two other individuals for better implementation of the Organs Transplantation Act. The petitioners stated that the Organ Transplantation Act was passed with a dual purpose:

a) To promote transplantation of certain human organs which can save thousands of lives or allow persons to lead a life with better quality.
b) To prevent the exploitation of poor persons who are forced to sell their organs, especially their kidneys.

The implementation of the Act has failed to achieve any tangible results. The Petition has been disposed off in May 2007, with the court asking the petitioners to go back to the Zonal Coordination Centre and if they did not implement the Act, the petitioners could come back to the Court.

Team: Kamayani Bali Mahabal
Funded by: Oxfam-Novib, The Netherlands

9. Asia Regional Focal Point of the International Federation of Health and Human Rights Organisations (IFHHRO)

Asia Regional Focal Point (ARFP) of the International Federation of Health and Human Rights Organisations (IFHHRO) is situated at CEHAT. The objectives of the focal point are:

- To mobilise health professionals in monitoring the right to health through dissemination of information on promoting health related human rights in the region.
- To organise regional workshops/ training sessions on monitoring the right to health.
- To process documentation of activities concerning monitoring the right to health by the health professionals in the region
- To initiate research to develop indicators and set up a system for monitoring right to health.

In its first year, ARFP has been working exuberantly in enhancing its network by collaborating with several NGOs working on the concept of health and human rights from various countries in Asia—to name few, Aahung from Pakistan, Naripokhho from Bangladesh, Uplift International from Indonesia, Gonoshasthaya Kendra from Bangladesh, Association of Medical Consultants from India, Indian Medical Association, Caram Asia, Palestinian Medical Relief Society, Health Action Information Network from Philippines; Doctors for Iraq, Pakistan Medical Association, International Federation of Medical Students' Associations- Asia, World Health Organisation, Regional Office for South East Asia, World Health Organisation Vietnam, Global Health through Education, Training and Service- USA, The Network: Towards Unity For Health and others.

CEHAT has periodically documented health and human rights issues in Indonesia, Thailand, Vietnam, Myanmaar, Nepal and prepared the health profiles of these countries. In December 2006, ARFP conducted its first regional networking meeting and training for medical associations, NGOs, health activists and medical students on monitoring the right to healthcare.

CEHAT has represented IFHHRO on different platforms and meetings in India and Bangladesh. We are in process of finalizing the Health Legislation Analysis Framework for all countries in Asia, which would provide us with a brief overview of the country in relation with health and law.

With the aim of developing a network to monitor the Right to Health in Asia, the International Federation of Health and Human Rights Organisations (IFHHRO), in collaboration with CEHAT, as its Asian regional focal point, organised a meeting in Mumbai in December 2006 entitled, 'Monitoring the Right to Health in Asia: towards a (sub)regional network'. IFHHRO views the interaction between health and human rights organisations and associations of health professionals as essential to the development of a network that is able to monitor the Right to Health at different levels in Asia. The participants of the meeting therefore included representatives of various health and human rights organisations, key representatives of the medical profession (including the President of the Malaysian Medical Association and the President of the Indian Association of Medical Consultants) and a representative of the Indian National Human Rights Council. The participants came from Bangladesh, India, Indonesia, Malaysia, Philippines, Pakistan and Vietnam. Furthermore, the Senior Research Officer to Paul Hunt, the United Nations Special Rapporteur on the Right to Health, and the Human Rights Officer of WHO Vietnam attended the meeting. The People's Health Movement in India and the National Human Rights Commission were represented at the meeting.

The meeting involved a combination of training and networking activities, with the dual goals of creating a network to monitor the right to health in Asia and simultaneously to strengthen the capacity of organisations in Asia to monitor the right to health. At the end of the meeting, the participants came to a consensus on the activities that are to be taken towards establishing a network to monitor the right to health in Asia.

These were:

1. Involving students in monitoring the right to health;
2. Establishing a network for knowledge sharing;
3. Collating legislation on the right to health in each of the network countries; and
4. Sharing experiences in training health professionals and medical students on the right to health.

Team : Kamayani Bali Mahabal

SERVICES

Dilaasa has entered its sixth year of providing counselling services to women facing domestic violence. The year has been significant in terms of consolidation of the counselling component at Dilaasa in both the hospitals namely - K.B. Bhabha, Bandra and K. B. Bhabha, Kurla. Currently, at the departments in both the hospitals, counselling is provided by the BMC staff themselves. The deputation of an additional Community Development Officer (CDO) for three days a week has worked successfully at Bandra *Dilaasa* and it has smoothened the process of handing over the counselling component to the hospital staff.

The counselling services at Kurla *Dilaasa* since its inception have been provided by the CDO of the hospital. This we feel is an achievement because it indicates that the hospital system is ready to take on the service provision component. This also shows willingness on the part of the hospital to consider *Dilaasa* as one of its own departments.

"Ready to take on the Service Provision Component *Dilaasa* is now part of us!"— says KB Bhabha Hospital, Bandra (W)

1. Counselling at Bandra Bhabha hospital

Nearly, 197 women have approached the *Dilaasa* department for counselling services since April 2006 to March 2007. Around 513 follow up counselling sessions were conducted. Apart from these 105 women were provided counselling but were not registered at *Dilaasa*. Almost all of these 105 women were admitted either for accidental consumption of poison, accidental burns, or other medical complaints. All these women, in spite of receiving emotional support and suicide prevention counselling, did not reveal clearly the history of abuse.

Majlis has been providing legal counselling as well as litigation support to women at *Dilaasa*. Seventy-nine legal follow up sessions were conducted along with the lawyer from Majlis where women were provided legal counselling for divorce (17), maintenance (15), custody (1), injunction (1) and responding to a legal notice (1). Some women also sought legal advice with respect to their property matters. One woman has obtained divorce and for two women,

divorce cases and for four women maintenance cases are going on in the court. A legal notice has also been responded to.

In addition to the CDO deputed full time since the start of the project, a physiotherapist who is deputed for a day since the past year, another CDO for 3 days a week since end of April 2006 have been deputed. In addition, two nurses were deputed for a day each since end of April 2006 to provide basic emotional support. The deputations were a move towards inducting the BMC staff into service provision at *Dilaasa* department. A significant development has been that of the deputed staff, the CDO has started counselling women independently and the two nurses are currently providing support to women under the guidance of a senior counsellor. Thus the counselling services are currently being handled by the BMC staff. However, the journey has not been so easy as there has been a large turnover in the case of nurses.

2. Going Beyond one-to-one Counselling

It is important for women to relate to each other in order to heal from violence and to go beyond one to one counselling. So with the hope to generate a support group for women, monthly meetings were initiated. Topics such as women and mental health, education, menopause, how women view the support they receive from *Dilaasa*, portrayal of women in media and various issues impacting women's lives and health were taken. During the meetings, we used story telling, role plays and games."

Team Members: *Rashmi Thakkar*
BMC Staff : Chitra Joshi, Mrudula Sawant, Shardula Sarnobat and Vijaya Shinde
Consultant : Aruna Burte
Funded by: Ford Foundation, India

3. Counselling Services at Bhabha Hospital, Kurla

The *Dilaasa* department located at Bhabha hospital Kurla provides counselling services twice a week. Nearly 80 women were provided counselling services at the *Dilaasa* Department from April 2006 to March 2007and 55 follow up counselling sessions were conducted. The social worker at the Kurla *Dilaasa* department provides basic legal support to women and for further clarification and litigation refers the women to Bandra *Dilaasa* where the lawyer visits once a week or to Majlis, the organisation providing direct legal support.

Of the 80 women registered at Kurla *Dilaasa,* 36 had been referred from the Casualty department and the OPD. The social worker deputed at *Dilaasa* visits the casualty, wards and OPD on a daily basis which increases visibility and maintains a continuous dialogue with the hospital staff helps in increasing the referral. Also, one of the nurses deputed for counselling is from the

Casualty department which further helps in increasing her interaction with the Casualty staff about referring women to *Dilaasa*. Training provided to the hospital staff has resulted in 14 women being referred by the staff and seeking counselling. About 16 women sought counselling services after receiving information about Dilaasa from the sign board, poster exhibition and pamphlet distribution. Five women were in-patients. Eight women were referred from the community, other organisations and women who were themselves seeking counselling.

One social worker deputed as a centre in-charge and two nurses were trained intensively to provide counselling services. The counselling component since the start of *Dilaasa* has been completely handled by the BMC staff who have been intensively trained. An experienced counsellor goes there on the counselling days to oversee the counselling done. This was a conscious decision so that the onus of counselling lies with the hospital itself with the training and monitoring inputs being given by the CEHAT counsellors. Currently *Dilaasa* functions two days a week.

Team Members: Tabassum Mulani and Rashmi Thakkar
BMC Staff : Sanjana Chikhalkar and Vasanti Kirodian
Conusltant : Aruna Burte
Funded by: Ford Foundation, India

LIBRARY AND DOCUMENTATION UNIT

The unit consists of the Library, Publication Unit, Website and the Database on health statistics. The unit provides information to projects and staff who are engaged in research, advocacy and training on various health issues. CEHAT Library is also open to students, academicians, and activists to access information on health.

CEHAT's library has a rich collection of books, journals, articles, selected newspaper's clippings, relating to health and allied themes. In addition to the above collection it has a reference section that has a collection of Annual Reports of the Ministry of Health and Family Welfare, GOI, Reports of the various Committees and commissions on Health, Dictionaries, Directories, Encyclopedia, Year Books, Gazetteers, Census Reports and Gazetteers.

In 2007, the total collection of books and reports has grown to 9997 with an addition of 539 books in the last year. The library subscribes to twenty three periodicals, six newspapers and receives twenty complementary periodicals. It is easy to search and retrieve books and documents in the fully computerised library. This year we have tried to sort and prepare listings of reprints on health. The reprints are well maintained and are easily accessible in the library database. All Documentary and Films are well tagged and maintained and are entered in the library database for easy access. Data CDs that have been collected from various sources have been properly tagged and entered in the library database.

The publications unit was actively involved in publishing, printing and dissemination of various publications and also set up stalls at various conferences and workshops.

The Database on health that has a unique collection of time series data on health indicators, health infrastructure, health human power, health finances and selected socioeconomic indicators for All-India and states from 1951 onwards was further strengthened by updating the data to the latest available years.

Team Members: Amita Pitre, Chandana Shetye,Margaret Rodrigues, Vijay Sawant, Prashant Raymus and Sushma Gamre
Consultant: Ravindra Thipse
Supported by: The Ford Foundation, India, Oxfam-Novib, The Netherlands and Rangoonwala Foundation, India

ADMINISTRATION AND ACCOUNTS

The administration and accounts team provides support to project/ programme teams. This includes secretarial assistance, fund flows, project administration and financials monitoring , statutory functions , liaisons and reporting , personnel and administration, accounts and financial reporting. CEHAT currently has two field offices one called Dilaasa which is a Crisis centre for women in collaboration with Bhabha Hospital at Bandra and the other one is Pehel – research and training initiative on Violence Against Women (VAW) located in Vakola.

This year the administration and accounts team provided logistics support for Health and Human Rights Course held in July 2006, IFHHRO Focal Point Conference held from 30th November to 4th December 2006 and Safe Kit project meeting with ICFMT members from 25th to 27th November 2006.

As a result of restructuring process every centre submits a quarterly budget to Anusandhan Trust as per project requirements and at the end of every quarterly submits an expenditure as well as variance statement along with explanation for the over/under expenditure of the budget submitted previously. Financial statements are submitted to Funders as per reporting period mentioned in the agreements. Statutory payments are centralized with the Anusandhan Trust.

Team Members: Ruma Bhowmick, Muriel Carvalho, Devidas Jadhav, Dilip Jadhav, Netralal Sharma, Shobha Kamble, Shubhangi Kadam, Swati Mankar, Bhakti Shejwalkar, Sudhakar Manjrekar and Ranjit Choudhary.

ORGANISATIONAL STRUCTURE

Program Development Committee

The Program Development Committee (PDC) has been constituted to review project outputs and provide direction to CEHAT. The primary objective of the PDC in CEHAT is to monitor and maintain the quality of CEHAT work. It also monitors whether the work undertaken by CEHAT is in consonance with the overall objectives of the organisation. All the materials produced namely reports, working papers, policy briefs, manuals, research proposals, posters and social messages are reviewed by the PDC. It also reviews the proposed research methodology for all research projects and certifies them accordingly.

The PDC comprises of members from various disciplines like social sciences, social work, law, journalism. Senior researchers from within the organisation and experts from outside the organisation constitute the present PDC. In addition to this, experts from other fields are also consulted. The PDC is convened by a researcher from CEHAT.

Members: Amita Pitre, Chandrima Chatterjee, Kamayani Mahabal, Lakshmi Lingam, Leni Chaudhuri (Convenor), Padma Deosthali, Padma Prakash and Vibhuti Patel.

Working Group

The Working Group (WG) is a democratic and decision making body of CEHAT. It monitors and reviews all projects/units/activities, finances, personnel and administrative matters and takes relevant decisions for implementation. It is also responsible for staff recruitment, staff evaluation, redressal of grievances and planning future strategies of the organisation. The processes within the WG represent a democratic and transparent way of functioning where decisions are taken by consensus. The members of the WG are elected by the staff. It has a representation of staff from all levels which includes administrative and project staff. The Co-ordinator and Joint Co-ordinator are the ex-officio members of the WG.

During 2007, the WG has handled personnel matters such as recruitment, evaluation, promotions and other administrative matters. It was actively involved in planning the staff administrative meeting and the staff development programme. The WG met the Anusandhan Trust after a long period and put forward organisational issues during the meeting. The WG this year did not fair well in monitoring projects and finances, which is one of its core responsibilities. A process has now been put in place for effective monitoring of projects and finances. The WG also discussed the need for strengthening organisational structures.

Members: Kamayani Bali Mahabal, Margaret Rodrigues, Pramila Naik, Prashant Raymus, Qudsiya Contractor and Ruma Bhowmick
Ex-officio Members: Padma Deosthali – Coordinator, Amita Pitre – Joint Coordinator

Institutional Ethics Committee

The IEC is a multidisciplinary body with a representation of diverse perspectives on research and ethics appointed by the Anusandhan Trust. It is a recommendatory body that conducts a periodic ethical review of CEHAT's projects. Apart from project reviews, it aims to facilitate discussions on ethics in CEHAT and contributes to staff education through orientation meetings. It has designed its own Standard Operating Procedures.

Members : Anthony Dias, Jagruti Waghela, Nagmani Rao, Nilangi Sardeshpande, Sandhya Srinivasan (Chairperson), Sanjay Nagral, Leni Chaudhari (Secretary) and Sunita Sheel B.

Social Accountability Group

The Social Accountability Group is a body of independent persons appointed by Anusandhan Trust to review CEHAT's work in terms of its stated objectives. The main function of the Social Accountability Group is to carry periodic social audit of the organisation.

Members : Medha Kotwal, R. Nagaraj, Ravi Narayan and Ravindra R. P

Committee against Sexual Harassment

CEHAT is committed to a working and learning environment, free of discrimination and intimidation. It is committed to tackling the complaints of sexual harassment promptly, impartially, sensitively and confidentially. A committee is formed to scrutinise the complaints of sexual harassment. This committee would address complaints for CEHAT and CSER.

As the definition by the Supreme Court of sexual harassment is open to varied interpretations, CEHAT has specified behaviour that could constitute sexual harassment.

Convenors: Kamayani Bali Mahabal and Sunita Sheel B.

Grievance Redressal Committee

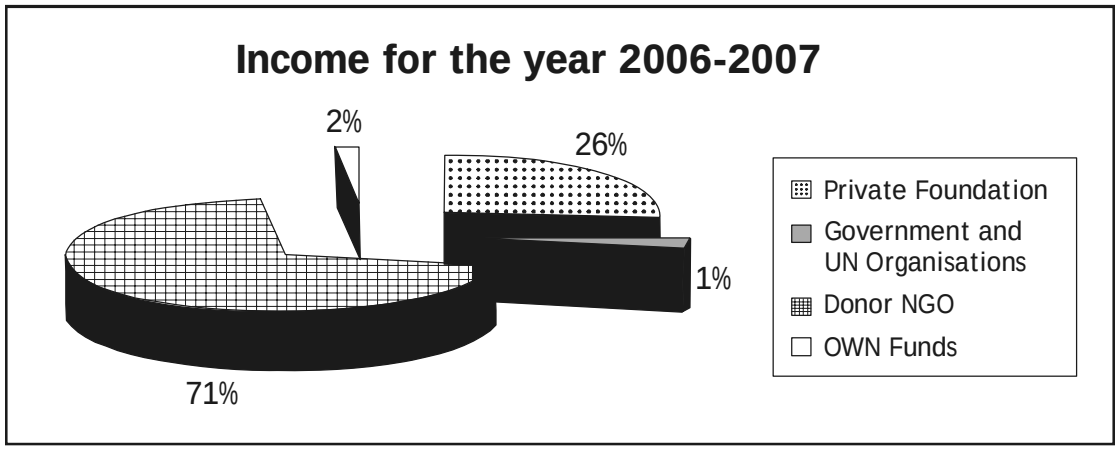
The Grievance Redressal Committee has been formed to provide relief to any employee aggrieved by any decision/ action or dispute on any issue. The inquiry is conducted by the Grievance Redressal Committee by interviewing the complainant and the accused and by using documentary material, the complaint letter and other related correspondence. The persons conducting the inquiry are required to submit the inquiry report within two weeks to the WG for taking appropriate action.

Members : Chandana Shetye, Devidas Jadhav (Convenor), Qudsiya Contractor, Ruma Bhowmick and Vijay Sawant

SOURCES OF FUNDING AND EXPENDITURE

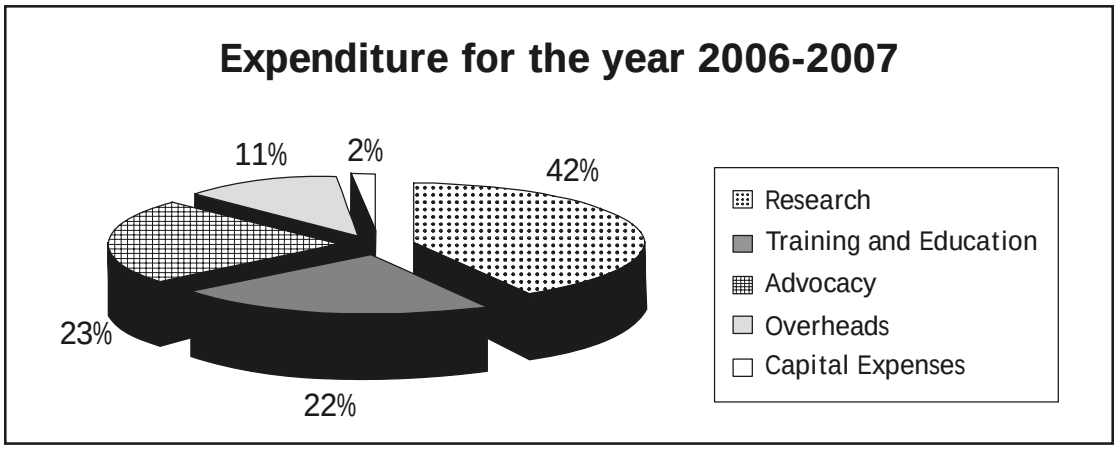
Income For the Year 2006 - 2007

Funds Received	Amount (Rs.)	Percentage
Private Foundation	4,507,520.00	26.48
Government and UN Organisations	247,032.00	1.45
Donor NGO	11,975,465.48	70.36
Own Funds	289,363.00	1.70
Total	**17,019,380.48**	**100.00**



Expenditure For the Year 2006 - 2007

Utilisation of Funds	Amount (Rs.)	Percentage
Research	5507572.46	42
Training /Education	2961828.38	22
Advocacy	3052163.70	23
Overheads	1464130.76	11
Capital	218640.00	2
Total	**13,204,335.30**	**100.00**



We are thankful to the following funding agencies for their generous support to CEHAT's activities

- Council for Social Development, India
- Ford Foundation, India
- Fund for Global Human Rights, USA.
- International Development Research Centre (IDRC) , Canada
- International Federation of Health and Human Rights Organisation (IFHHRO), The Netherlands
- Oxfam Novib, The Netherlands
- National Commission for women, India
- Rangoonwala Foundation India, India
- Government of Maharashashtra, India
- World Health Organisation (WHO), Geneva

CEHAT STAFF

Staff Profile
CEHAT has strength of nearly **46** full time staff members engaged in a variety of tasks such as research, action and intervention, training and service provision. The administration and accounts departments provide support to various teams engaged in these activities.

CEHAT has highly qualified staff members specialising in subjects such as social work, social sciences such as economics, political science and sociology, human rights, law and medicine.

Program Staff

Name	Qualification	Project
Amit Khandewale	B.Com., Pursuing M.S.W.	Public Health Report
Amita Pitre	M.Sc. (Health Science), B.A.M.S.	SAFE Kit, Fostering Reforms in Private Health Sector
Chandrima Chatterjee	M.Phil (Sociology), Ph.D.	Establishing Health as a Human Right
Gunjan Mehta Sheoran	M.C.R.M.M., PG Diploma in Human Resource Management	Establishing Health as a Human Right
Joyce Patton	M. A. - Social Work	SAFE Kit
Kamayani Bali Mahabal	M.A. in Clinical Psychology , M.A. in Human Rights, L.L.B.	Establishing Health as a Human Right
Leni Chaudhuri	M.Phil	Public Health Report, Establishing Health as a Human Right

Name	Qualification	Project
Lynn Sardinha	M.A.(Economics), M.S.W.	Pehel
Mahasweta Satpati	M.Phil, Pursuing Ph.D.	Pehel
Meenu Pandey	M.A. (Social Work)	SAFE Kit
Neeta Joshi	M.S.W.	Dilaasa
Padma Deosthali	M.S.W., P.G.D.H.R.M.	Pehel, Abortion Advocacy
Pankaja Dhande	M.A. - Social Work	Formulating Rules under the BNHRA
Pramila Naik	B.Com	Pehel
Prashant Raymus	M.A.	Establishing Health as a Human Right
Qudsiya Contractor	M.A. Social Work	Pehel
Rashmi B. Divekar	B.A. Pursuing LLB	Establishing Health as a Human Right
Rashmi Thakkar	M.Sc.(Human Development)	Dilaasa
Sangeeta Rege	M.S.W.	Pehel
Santhi Nakkeeran	Masters in Populations Science, M.Phil.	Fostering Reforms in Private Health Sector
Shabana Ansari	B.S.W., Pursuing LLB	Pehel
Shachi Phadke	M.S.W.	Public Health Report
Sonal Chaudhary	M.Sc. (Health Science)	Pehel

Name	Qualification	Project
Suchira Banerjee Deenagar	M.S.W.	SAFE Kit
Suchitra Desai	M.Sc. (Anthropology)	Fostering reforms in Private Health Sector
Sunita Singh	M.A., Masters in Population and Reproductive Health Research.	Establishing Health as a Human Right
Sushma Gamre	B.A.	Establishing Health as a Human Right
Sushma Gholap	M.A. (Social Work)	Pehel
Tabassum Mulani	M.S.W	Dilaasa
Varsha Zende	M.Sc.(RHM)	Fostering Reforms in Private Health Sector

Support Staff

Name	Qualification	Project
Bhakti Shejwalkar	HSC, Pursuing T.Y.B.A.	Administration- Dilaasa
Chandana Shetye	M.A. International Relations	Library and Documentation Unit
Devidas Jadhav	Secondary School	Administration- CEHAT
Dilip Jadhav	HSC	Administration- CEHAT
Margaret Rodrigues	B.Sc., Diploma in Computer Systems Management	Library and Documentation Unit
Muriel Carvalho	B.A.	Administration- CEHAT
Netralal Sharma	S.S.C.	Administration- CEHAT
Ranjit Choudary	Primary School	Administration- Dilaasa
Ruma Bhowmick	B.Com, P.G.D.B.A. (Finance)	Administration- CEHAT
Shobha Kamble	Primary School	Administration- CEHAT
Shubhangi Kamble	B.Com	Administration- CEHAT
Srinivas Ramchandran	B.Com	Administration- CEHAT
Sudhakar Manjrekar	Secondary School	Administration- Pehel
Swati Mankar	B.A.	Administration- CEHAT
Vijay Sawant	B.A.	Library and Documentation Unit
Zuber Khan	Secondary School	Administration- Dilaasa

Those associated with CEHAT on short term basis

Akshay Khanna
Aparna Joshi
Arjun D. Sonawane
Asha Joglekar
Aurina Chatterji
Dr. Kannamma Raman
Dr. Lakshmi Lingam
Dr. Ramaiah A.
Dr. Ramila Bisht
Kalyani Sonawane
Lata P.M.
Mahendra Pagare
Meena Deval
Nidhi Paradkar
Pooja Joshi
Prof. Manoj Pandkar
Purshpa D. Darekar
Pushottam Tripathi
Qudsiya Contractor
Rajita Kadam
Raman. S. Sutare
Ravi Duggal
Ravi Pillai
Ravindra Thipse
Ravindrasingh K. Rajput
Sabu Francis
Sana Contractor
Sarika U. Badekar
Suresh Shirolikar
Vaishali Kadam
Vivek Neelakantan

TRUSTEES

1. Dr. Amar Jesani, M.B.B.S.	Coordinator,Centre for Studies in Ethics and Rights(CSER), Mumbai, Maharashtra
2. Dr. Dhruv Mankad, M.B.B.S.	(Managing Trustee) Consultant and former Director, VACHAN, Nashik, Maharashtra
3. Dr. Lakshmi Lingam, Ph.D	Professor and Chairperson, Centre for Women's Studies, Tata Institute of Social Sciences, Mumbai,Maharashtra
4. Ms. Manisha Gupte, M.Sc.	Convenor, Mahila Sarvangi Utkarsh Mandal (MASUM), Pune, Maharashtra
5. Dr. Mohan Deshpande, M.B.B.S.	Consultant, School Health and other Programmes, Pune, Maharashtra
6. Dr. Nobhojit Roy, M.S.	Head, Department of Surgery, Hospital of the Bhabha Atomic Reseach Centre, Mumbai, and Web-Editor, Indian Journal of Medical Ethics, Mumbai, Maharashtra
7. Dr. Padma Prakash, Ph.D.	Former Acting Editor, Economic and Political Weekly; Editor, eSocial Sciences, Mumbai, Maharashtra
8. Prof. Padmini Swaminathan, Ph.D.	Director, Madras Institute of Development Studies, Chennai, Tamil Nadu
9. Prof. Vibhuti Patel, Ph.D.	Professor and Head, Postgraduate Department of Economics, SNDT Women's University, Mumbai, Maharashtra

PUBLICATIONS

Type of Publication	Title	Issues dealt with
Reports	*Identities in Motion; Migration and Health in India by* *Chatterjee, Chandrima*	Migration and its public health implications within the human rights framework
	Disability, Health and Human Rights by *Chaudhari, Leni*	Concerns and issues of the disabled in India, including a detailed discussion on the demographic and socio-economic profile of the disabled, the problems encountered, most vulnerable groups among them and their human right concerns, legal provisions, and possible measures to prevent disability. The paper observes that the disabled have different problems which require specific programmes.
	Population Aging and Health in India by Rajan, S Irudaya	Conceptualizing sexuality, the bio-medical construction of sexuality, sexuality in public health policies, health rights and exclusion on the basis of sexuality and construction of sexuality through public health intervention.
	The Right to Health and Sexuality by *Khanna, Akshay*	The need to recognise the needs and concerns of people who have other sexual preferences with sections on conceptualizing sexuality, the bio-medical construction of sexuality, sexuality in public health policies, health rights and exclusion on the basis of sexuality and construction of sexuality through public health intervention.

	Gendered Vulnerabilities: Women's Health and Access to Health Care in India by Mishra, Manasee	The vulnerability of Indian women with respect to their health and access to healthcare and the need for programmes addressing women's health to be sensitive to complexities in women's lives which are staged on a social terrain of remarkable inequalities.
	Tracing Human Rights in Health by Neelakantan, Vivek	The evolution of the right to health in a historical context, the genesis of public health and human rights, justifiability of health rights from the point of view of international law, human rights issues affecting the enjoyment of health as a right, experience of developing countries including India in implementing the right to health and operationalising the right to health movement.
Status Report	*Health and Healthcare in Assam: A Status Report by Dutt, Indranee and Bawari,Shaily*	A comprehensive and analytical compilation of healthcare development of Assam starting with infrastructural facilities, maternal and child health, prevalence of disease and the epidemiological situation to that of health finance—a baseline for understanding of the health situation in the state and a precursor for carrying out further studies.
	Vulnerable Groups in India by Chatterjee, Chandrima, Sheoran, Mehta Gunjan	Identifies the vulnerable groups in India, their health and human rights concerns while exploring the degree and kinds of their vulnerability vis-à-vis their location and identity. The document is based on the research on the vulnerable groups in India done through the project, *Establishing Health as a Human Right*.

Manual	*Budget Manual*, (Marathi) by *Pandkar,Manoj and Raymus, Prashant*	Budget analysis, decisions regarding priorities, budget allocation to different sectors and the mechanism for monitoring expenditures and the process of budgeting at the central, union and state levels. An effective, user-friendly resource for grassroots organisations and health activists.
	Guidelines for healthcare providers	Describes the health consequences of domestic violence and the role of the heathcare providers.

Articles and papers	Author	Title
	Chatterjee, Chandrima B. and Paul Sony (2006)	State-NGO Relationship in the Liberalised Scenario, *Integral Liberation*, A quarterly Review of Justice, Development and Social Change, Vol. 10, No.4, December, pp 223-236.
	Raymus Prashant (2007)	'Women's Empowerment: Budget as a Tool to Deal with the Gender Gap' in Vibhuti Patel and Manisha Karne edited *Macro Economic Policies and the Millennium Development Goals*, Gyan Publications, Mumbai.
	Raymus Prashant (2006)	'Jalna, Yawatmal va Nandurbar jilhyatil aarogyavishayak sthti: Karanmemansa va shrifars' published in the Marathi Journal, *Samaj Prabodhan Patrika* , Volume no. 176, Issue October-November 06, pp 393-407.
	Pitre Amita, (2006)	'Caring for survivors of sexual assault', *Indian Journal of Medical Ethics*, Vol. III No 3, July- September 2006.

	Mahabal Kamayani, (2006)	'Gender Equality and Millennium Development Goals' in Vibhuti Patel and Manisha Karne edited, *The Macro Economic Policies and The Millennium Development Goals*, Gyan Publications, Mumbai.
	Deosthali, Padma (2006)	Role of health professionals in addressing family violence, Paper presented at the International Seminar on Family Violence organised by the Department of Sociology, Pune University,2006
	Deosthali Padma and Lakshmi Lingam, (December 2006)	Combating Domestic Violence through the Health System: Lessons from Dilaasa, ISSRF Newsletter, A publication of the Indian Society for the Study of Reproductive and Fertility, Pgs. 16-21
Database		A unique collection of time series data on health indicators, health infrastructure, health human power, health finances and selected socioeconomic indicators for All-India and states from 1951 to 2005 is available in a user friendly database.